

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/536810

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
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119			/	/		
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127				/		
128				/		
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130				/		
131				/		
132				/		
133				/		
134				/		
135				/		
136				/		
137				/		
138			/	/		
139				/		
140				/		
141				/		
142				/		
143				/		
144				/		
145				/		
146				/		
147			/	/		
148				/		
149				/		
150				/		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		29	←		←
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151				/		
152				/		
153			/	/		
154			/	/		
155				/		
156			/	/		
157				/		
158				/		
159				/		
160				/		
161				/		
162				/		
163				/		
164				/		
165				/		
166			/	/		
167				/		
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169				/		
170				/		
171				/		
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173				/		
174				/		
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188				/		
189				/		
190				/		
191				/		
192				/		
193				/		
194				/		
195				/		
196				/		
197				/		
198				/		
199				/		
200				/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		15	←		←
TOTAL CLAIMS			19			